



Benton-Franklin District Health Department
800 W. Canal Drive
Kennewick, WA 99336
(509) 586-0207

Application for Certified Copy of Death Certificate.

(To be used for persons who died in Benton or Franklin County)

TODAY'S DATE _____

FULL NAME OF DECEASED _____

PLACE OF DEATH (*Hospital or Town*) _____

DATE OF DEATH _____

NUMBER OF COPIES _____ X \$13.00 = _____

ADDITIONAL COPIES _____ X \$8.00 = _____

TOTAL \$ _____

Please Complete for Identification Purposes Only

YOUR NAME _____
PLEASE PRINT LAST FIRST MI

YOUR ADDRESS _____
STREET CITY

STATE ZIP

HOME PHONE () _____ WORK PHONE() _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

SIGNATURE OF PERSON REQUESTING CERTIFICATE:

RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED:

For office use only

No. of Copies _____ Date Picked Up/Mailed _____

Account No. _____ Receipt No. _____

Date _____